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Before the House Homeland Security Committee  
Subcommittee on Emergency Preparedness, Response, and Communications  
March 29, 2012

Chairman Bilirakis, Ranking Member Richardson, and distinguished members of the Committee: thank you for the opportunity to speak to you regarding the fiscal year 2013 budget for the Office of Health Affairs. I appreciate the opportunity to update you on our progress from last year in addressing homeland security issues with health impacts.

As you are well aware, the Office of Health Affairs (OHA) provides health and medical expertise in support of the DHS mission to prepare for, respond to, and recover from all threats. OHA's responsibilities include: serving as the principal advisor to the Secretary and FEMA Administrator on medical and public health issues; leading and coordinating biological and chemical defense activities; providing medical and scientific expertise to support DHS preparedness and response efforts; and leading the Department's workforce health and medical oversight activities. OHA also serves as the primary DHS point of contact for state and local governments on medical and public health issues.

OHA has four strategic goals that coincide with the strategic goals of the Department:

1. Provide expert health and medical advice to DHS leadership;
2. Build national resilience against health incidents;
3. Enhance national and DHS medical first responder capabilities; and
4. Protect the DHS workforce against health threats.

Today I will discuss how we are working to achieve our mission and goals and how our FY 2013 budget will support these efforts.

***Goal 1: Provide Expert Health and Medical Advice to DHS Leadership***

Coordinated medical oversight ensures that the care rendered by both our occupational health system and our operational medicine system is uniform and consistent with national standards. To fulfill our statutory responsibility to provide expert health and medical advice to leadership throughout DHS, OHA is working with DHS components to build a Medical Liaison Program.

Medical Liaison Officers (MLOs) are OHA physicians that work with DHS components to ensure consistent health and medical advice is provided across DHS. MLOs will provide dedicated support on guidance related to operational decisions as well as occupational health and workforce readiness issues. MLOs will also develop pre-deployment guidance to personnel deployed both domestically and abroad and strengthen the capability and capacities to provide medical countermeasures to our deployed workforce. Ultimately, this program will enhance

consistency across DHS on health and medical issues, while providing each component with information tailored to their specific operational needs.

Recently, OHA's Federal Emergency Management Agency (FEMA) MLO served as the lead medical/public health representative for FEMA's Whole Community Executive Steering Committee, which developed the country's first-ever National Preparedness Goal under Presidential Policy Directive 8. OHA is working to expand the presence of MLOs to additional components to improve the quality of health and medical advice to support DHS operations and the DHS workforce. This year, we hope to have a total of four MLOs on board.

OHA is also creating a centralized DHS medical credentialing management system that ensures verification of medical provider credentials. This system is used to verify DHS employee qualifications, licensure information, and relevant health care provider data and has increased the ability to track and provide care to those within DHS. Currently 63% of DHS medical providers have been credentialed and that number continues to climb as we identify practitioners throughout DHS.

Future plans include integration of the Medical Credentialing Management and Learning Management Systems to provide real-time credentialing status and data to operational components, allowing for distributed training and education that reduces cost, improves efficiencies, and supports operational medical programs.

The FY 2013 budget request supports the development of the MLO program and our work in workforce credentialing management, which will institute a "One DHS" policy for medical and health issues.

## ***Goal 2: Build national resilience against health incidents***

OHA operates, manages, and supports the Department's biological defense and surveillance programs. Two programs that provide biological threat awareness capacity are BioWatch and the National Biosurveillance Integration Center (the Center).

### ***Detection***

One of OHA's primary responsibilities is to mitigate the consequences of biological incidents through early detection. The BioWatch Program identifies the release of an aerosolized biological agent and provides an alert to public health officials, allowing for a faster response and the rapid provision of medical countermeasures.

The BioWatch Program is an example of a key partnership between federal, state and local government. BioWatch is the only federally-managed, locally-operated nationwide bio-surveillance system designed to detect the intentional release of select aerosolized biological agents. Deployed in more than 30 metropolitan areas throughout the country, the system is a collaborative effort of health personnel at all levels of government.

Current detection capabilities, termed BioWatch Generation 1 and 2 (Gen 1/2), consist of outdoor aerosol collectors whose filters are manually retrieved for subsequent analysis in a Laboratory Response Network (LRN) facility. In addition to the more than 30 cities that Gen 1/2 operates in on a daily basis, BioWatch has supported several National Special Security Events with additional collectors, personnel, and laboratory support, providing an additional layer of protection and security.

The BioWatch Program continues to collaborate with partners to improve laboratory capabilities and leverage existing knowledge and resources. This year, BioWatch, in close collaboration with the Centers for Disease Control and Prevention (CDC), the Department of Defense (DoD), the Department of Energy (DOE) National Laboratories, the Association of Public Health Laboratories (APHL), and state and local public health laboratories, successfully implemented the use of the DoD Critical Reagent Program assays to conduct initial screening for the aerosol release of bioterrorism agents. Coupling these assays with CDC LRN assays for confirmation provides significantly increased confidence in the analytical results of BioWatch samples.

The BioWatch Program has also developed and implemented a comprehensive Quality Assurance (QA) program. Recently made operational, the Laboratory QA Program Plan (QAPP) was developed in close collaboration with state and local public health laboratories and provides the quality assurance framework for BioWatch laboratory operations. An example of the Laboratory QAPP is the use of QA samples that provide an expected result into the daily analysis at every lab. The data from these samples provides accurate insights into false positive and false negative laboratory results and provides better confidence in laboratory results.

While the Gen 1/2 system is extremely beneficial, it is labor intensive and results may not be available until 12-36 hours after the release of a biological agent has occurred. To shorten the time to detect, OHA has been testing the next generation of BioWatch, Generation 3 (Gen-3) for eventual procurement, which will reduce the time of detection of a biological agent by using automated detection.

DHS believes that early detection is an essential part of an effective biodefense posture as reducing the time to detect is imperative to saving thousands of lives. The FY 2013 budget funds continues the current operations of the Gen 1/2 BioWatch detection network and continues development and testing of the next generation technology to expedite response times.

### *Biosurveillance*

Another key element to an overarching biodefense framework is biosurveillance. OHA is focused on developing and maintaining an integrated, real-time surveillance picture.

The National Biosurveillance Integration System (NBIS) enhances the identification, location, and tracking of biological events potentially impacting homeland security by uniquely integrating information and data and leveraging interagency communications and relationships. NBIS supports prevention and mitigation of such events by providing timely notifications and ongoing situational awareness to enhance response of government agencies. NBIS is a community of federal, state, local, territorial, and tribal agencies, as well as international and private sector organizations that shares a common goal of protecting the United States from biological threats. NBIS values trusted relationships and collaboration across various organizational boundaries.

The National Biosurveillance Integration Center (the Center) housed within OHA, coordinates comprehensive national biosurveillance and situational awareness contributed by members of the NBIS. The Center's mission is to rapidly identify, characterize, localize, and track a biological event of national concern; integrate and analyze information relating to human health, animal, plant, food, water, and environmental domains; disseminate alerts and pertinent information; and oversee development and operation of the NBIS.

The May 2011 *E. coli* outbreak in Germany is a recent example of how NBIS can be used to enhance response to a health security incident. During this incident, NBIS made subject matter experts available to answer existing concerns about the potential origin and virulence of the associated *E. coli* strain, and facilitated communication between federal agencies. Sixty-one individuals representing 13 federal staffs, agencies, or departments participated in this process. As a result of this collaborative effort, American citizens at home and abroad were given up-to-date information about the outbreak and how to stay safe. Additionally, U.S. Customs and Border Protection (CBP) was able to use this information to target imports that may have posed a risk to the United States.

NBIS and the Center continue to work towards tackling the inherent difficulties of integrated biosurveillance. OHA has spent the last year working with the federal interagency, state and local partners and private sector stakeholders to develop a new strategy to improve integrated biosurveillance. With the new strategy, OHA is striving to meet national priorities, mitigate impacts of biological events, and make significant improvements in collaboration, information integration and sharing, analysis, and reporting.

In the meantime, OHA is continuously examining potential areas for improved collaboration and situational awareness. The Center is supporting a demonstration project in North Carolina called the National Collaborative for Bio-Preparedness (NCB-P). The aim is to validate integrated information sharing of public health, animal surveillance, environmental monitoring, and other biosurveillance information on the state level. The Center is also developing projects that pilot improved information sharing with the private sector and federal partners, as well as leveraging existing information technology (IT) and biosurveillance resources at agencies such as the Department of Defense (DoD) and CDC. The FY 2013 budget request increases resources for OHA to move forward with the new strategy for the Center and support more pilot projects.

## *Chemical Defense*

OHA's Chemical Defense Program (CDP) aims to provide federal, state and local governments with knowledge and tools to build and sustain a viable framework for preparedness and response to high consequence chemical events.

To build a response knowledge base, OHA partnered with the Department of Health and Human Services (HHS) to host a symposium on the decontamination of humans after a chemical attack. This symposium brought together leading federal, state, and local officials to examine decontamination guidance and research gaps. By ensuring response activities are based on the best possible science, OHA is helping first responders save lives after a chemical incident.

OHA launched a partnership with the Maryland Transit Administration and the City of Baltimore to develop chemical defense techniques for subway mass transit. This demonstration project is the next step in the work that began last year which evaluated chemical detection technology, providing local jurisdictions with expert evaluation of potential capabilities. OHA is looking to expand this program to additional jurisdictions and is developing criteria to allow jurisdictions to submit proposals for demonstration projects. The FY 2013 budget request, in addition to anticipated carry-over funding from FY 2012, will allow CDP to move forward with these initiatives.

## *Improving Public Health Information Sharing and State and Local Capabilities*

OHA works to improve state and local capabilities through information sharing efforts. OHA has developed a new program to sponsor as many as 100 security clearances for key state and local health officials to facilitate the sharing of classified health threat information. OHA works with the Office of Intelligence and Analysis (I&A) to enhance information sharing with state and local health officials by providing classified health threat briefings on emerging threats. This year, OHA provided state and local officials with this information through briefings held jointly with events such as the BioWatch Workshop and conferences hosted by the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the Association of Public Health Laboratories (APHL). OHA also works with the National Operations Center (NOC) within the Office of Operations Coordination and Planning to provide key health information for the NOC's situational awareness reports, such as contamination following the 2011 Fukushima Daichi nuclear disaster. These reports are produced and distributed by the NOC to homeland security enterprise partners. By ensuring state and local health officials have information on current threats, they can better direct their preparedness efforts to meet those threats.

Public health officials can bring valuable insights into the fusion center environment, shaping preparedness efforts, response, and recovery. OHA is also working to bring help bring those public health and medical partners in to fusion centers by providing guidance documents and technical assistance to facilitate the establishment of information exchange between public

health and other homeland security partners to share appropriate health-related threat intelligence.

OHA has also worked to help states identify where they need to develop additional capabilities, and has provided information on best practices, and training.

For example, OHA partnered with the National Center for Food Protection and Defense (NCFPD) to develop the Food Sector Food and Agriculture Readiness Measurement Toolkit (FARM Toolkit). The FARM Toolkit allows the states to self-assess the strengths of their food emergency response plans and identify areas for potential improvement through a survey tool. The survey assesses the level of preparedness in the food-sector, level of integration of the food-sector into the emergency management community, current emergency management capabilities of the food-sector, and the emergency management needs of the food sector. Upon receiving the survey results, an integrated database returns relevant information on best practices, planning, training, and funding resources – all designed to help state and local communities improve their preparedness for adverse food incidents.

OHA also developed a partner page on the Lessons Learned Information Sharing (LLIS.gov) portal where emergency response providers and homeland security officials can access an online network of content related to lessons learned, best practices, and innovative ideas on food, agriculture, and veterinary defense. Best practices help states leverage lessons learned to improve their capabilities and planning.

The FY 2013 budget request will continue to support public health information sharing and capability development initiatives.

### ***Goal 3: Enhance national and DHS medical first responder capabilities***

To enhance national and DHS medical first responder capabilities, OHA works with emergency medical services (EMS) program coordinators throughout DHS to protect our workforce and facilitate treatment of life-threatening and common medical or traumatic events.

Within the past year, OHA developed protocols that outline the care that medical technicians and paramedics should administer to patients. First, OHA developed protocols for Basic Life Support (BLS) and Advanced Life Support (ALS). The BLS/ALS protocols describe common signs and symptoms and provide treatment options associated with common pre-hospital injuries or illnesses encountered by DHS EMS personnel and align with national EMS standards of care. Second, in collaboration with several other federal agencies such as the DoD and the Department of Justice (DOJ), OHA created the Austere Emergency Medical Support (AEMS) Field Guide and Training Program. This program provides support to select and highly qualified DHS EMS personnel who are deployed to austere, remote, high-threat and disaster environments. To ensure medical proficiency with the content in the field guide, DHS-OHA conducted the first training in January 2012 with a class of 25 DHS EMS Paramedics.

OHA recently published the first DHS EMS Strategic Plan. This plan will ensure EMS education, training, scopes of practice, and quality assurance practices are consistent across DHS and compliant with national standards. Through cross-component collaboration and standardization, patient outcomes may improve and EMS programmatic costs may decrease.

OHA has also reached out to medical first responders to raise awareness of human trafficking. As part of DHS's Blue Campaign, the Department's initiative to fight human trafficking, OHA, FEMA, and the U.S. Fire Administration produced a video for first responders regarding indicators of human trafficking they might encounter and what they can do to help victims. We also developed tailored indicator cards to include health-related indicators that first responders, such as firefighters and EMTs, may notice. We've been working with our partners in the EMS community to get these resources out to the field through a variety of stakeholder events.

The FY 2013 budget request will support the continued development of resources and capabilities for medical first responders both within DHS and in our local communities.

#### ***Goal 4: Protect the DHS workforce against health threats***

The potential health threats facing the DHS workforce are diverse and as Chief Medical Officer, I am working to address issues ranging from resilience and wellness to the protection of employees following a biological attack.

We know the stress that comes from carrying out the DHS mission can take its toll on the workforce. Secretary Napolitano asked that we improve resilience and wellness in the DHS workforce to ensure employees have the tools necessary to manage this stress while supporting the mission. Our program, DHSTogether, has conducted DHS-wide training and held two symposiums on employee resilience. The FY 2013 budget request will allow OHA to continue to work with components on improving employee resilience through additional training support for employees and managers.

OHA's Medical Countermeasures (MCM) Initiative provides DHS personnel with immediate access to life-saving medications in the event of a biological attack to ensure frontline operations can continue. At this time, we have purchased MCM for 100 percent of the DHS workforce, which includes working animals and critical contractors. This year, OHA delivered nearly 200,000 courses of medical countermeasures (MCM) to 127 field locations. The FY 2013 budget request will allow OHA's MCM program to maintain the DHS antibiotic and antiviral stockpile and expand pre-positioned MCM to an additional 350 DHS field locations.

#### ***Conclusion***

Thank you again for the opportunity to testify regarding OHA's work and our FY 2013 budget request. I look forward to your questions.